

HAWAII STATE ETHICS COMMISSION  
1001 BISHOP STREET, ASB TOWER 970  
P.O. BOX 616, HONOLULU, HAWAII 96809  
TEL: 587-0460 FAX: 587-0470  
email: ethics@hawaiiethics.org

THIS SPACE FOR OFFICE USE ONLY

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STATE OF HAWAII  
STATE ETHICS COMMISSION

3010

HAMPT

## LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

PART I LOBBYIST			
NAME(Last)	(First)	(Middle)	TELEPHONE
Santiago	Alexander	C.	(808)383-9032
MAILING ADDRESS (Street)			FAX
P.O. Box 327			
(City)	(State)	(Zip Code)	
Waianae	HI	96792	
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE
MAILING ADDRESS (Street)			FAX
(City)	(State)	(Zip Code)	

PART II ORGANIZATION			
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)			TELEPHONE
HAWAII ASSOCIATION FOR MARRIAGE AND FAMILY THERAPY			808-371-3254
MAILING ADDRESS (Street)			FAX
c/o JEFF WAGNER PO Box 628			808-247-7962
(City)	(State)	(Zip Code)	
Kaneohe	HI	96744	
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT			TELEPHONE
Jessica Rzeszewski			(808)247-6665
MAILING ADDRESS (Street)			FAX
46-020 Aliikane Pl. #312			
(City)	(State)	(Zip Code)	
Kaneohe	HI	96744	

**PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY**

Agriculture

Education

Human Services

Science, Technology &  
Economic DevelopmentCommunications &  
Public UtilitiesGovernment Operations &  
FinanceIntergovernmental Relations,  
International Affairs

Tourism &amp; Recreation

Consumer Protection &  
Commerce

Hawaiian Affairs

Labor &amp; Employment

Transportation

Culture, Arts, Historic  
Preservation

Health

Planning, Land & Water  
Use Management

Other: (indicate below)

Ecology, Energy  
Environmental Protection

Housing

Public Safety &amp; Corrections

**PART IV CERTIFICATION OF LOBBYIST**

I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.



(Signature of Lobbyist)

9/30/06  
(Date)**PART V AUTHORIZATION TO LOBBY**

NAME

TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED

HAWAII ASSOCIATION FOR MARRIAGE AND FAMILY THERAPY  
(PRESIDENT)

NAME OF ORGANIZATION (if applicable)

TELEPHONE

STEPHEN OSIECKI

808-371-3254

MAILING ADDRESS (Street)

C/O JEFF WAGNER

FAX

PO BOX 628

KANE OHE HI 96744

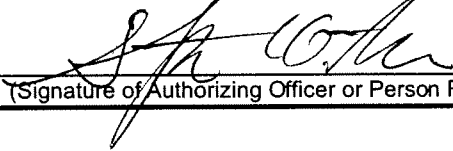
808-247-7962

(City)

(State)

(Zip Code)

I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.



(Signature of Authorizing Officer or Person Represented)

9/30/06  
(Date)